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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	I-2-0386.1US
	First Named Inventor	Reddy et al.
	COMPLETE IF KNOWN	
	Application Number	Not Yet Known
	Filing Date	Not Yet Known
	Group Art Unit	Not Yet Known
	Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**LOCATION BASED METHOD AND
SYSTEM FOR WIRELESS MOBILE UNIT COMMUNICATION**

the specification of which
☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International
Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/415,281	10/01/2002

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number **24374**

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

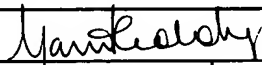
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number **24374** OR ☐ Correspondence address below

Name	VOLPE AND KOENIG, P.C. DEPT ICC				
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Gautam G.		Reddy	
Inventor's Signature			Date
Residence: City	King of Prussia	State	PA
		Country	USA
Post Office Address	540 Steven Drive, Apt. 207		
Post Office Address			
City	King of Prussia	State	PA
		ZIP	19406
		Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Prabhakar R.		Chitrapu					
Inventor's Signature <i>Prabhakar Chitrapu</i>		Date <i>2/25/04</i>					
Residence: City	Blue Bell	State	PA	Country	USA	Citizenship	USA
Mailing Address 135 Brochant Drive							
Mailing Address							
City	Blue Bell	State	PA	ZIP	19422	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Leonid		Kazakevich					
Inventor's Signature		Date					
Residence: City	Plainview	State	NY	Country	USA	Citizenship	USA
Mailing Address 95 Roundtree Drive							
Mailing Address							
City	Plainview	State	NY	ZIP	11803	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Teresa Joanne		Hunkeler					
Inventor's Signature		Date					
Residence: City	Montreal	State		Country	Canada	Citizenship	Canada and Switzerland
Mailing Address 4243 Wilson Avenue							
Mailing Address							
City	Montreal	State		ZIP	H4A 2V1	Country	Canada

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Prabhakar R.		Chitrapu	
Inventor's Signature		Date	
Residence: City	Blue Bell	State	PA
		Country	USA
Citizenship USA			
Mailing Address 135 Brochant Drive			
Mailing Address			
City	Blue Bell	State	PA
		ZIP	19422
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Leonid		Kazakevich	
Inventor's Signature		Date	
Residence: City	Plainview	State	NY
		Country	USA
Citizenship USA			
Mailing Address 95 Roundtree Drive			
Mailing Address			
City	Plainview	State	NY
		ZIP	11803
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Teresa Joanne		Hunkeler	
Inventor's Signature <i>Teresa Hunkeler</i>		Date <i>April 1, 2004</i>	
Residence: City	Montreal	State	
		Country	Canada
Citizenship Canada and Switzerland			
Mailing Address 4243 Wilson Avenue			
Mailing Address			
City	Montreal	State	
		ZIP	H4A 2V1
		Country	Canada

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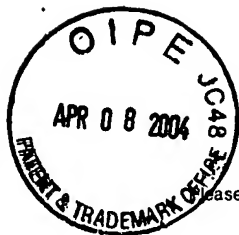
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Arty		Chandra	
Inventor's Signature			Date
Residence: City	Hempstead	State	NY
		Country	USA
		Citizenship	India
Mailing Address 200 Hilton Avenue, Unit #4			
Mailing Address			
City	Hempstead	State	NY
		ZIP	11550
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
		Citizenship	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
		Citizenship	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	

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	First Named Inventor	Reddy et al.
	COMPLETE IF KNOWN	
	Application Number	10/675,638
	Filing Date	September 9, 2003
	Group Art Unit	Not Yet Known
	Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **09/29/2003** as United States Application Number or PCT International Application Number **10/675,638** and was amended on (MM/DD/YYYY) (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 24374 →

Place Customer Number Bar Code Label here

☐ OR ☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

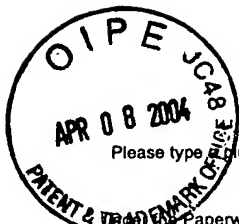
Direct all correspondence to: ☒ Customer Number 24374 OR ☐ Correspondence address below

Name	VOLPE AND KOENIG, P.C. DEPT ICC				
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Gautam G.			Reddy				
Inventor's Signature					Date		
Residence: City	King of Prussia	State	PA	Country	USA	Citizenship	India
Post Office Address	540 Steven Drive, Apt. 207						
Post Office Address							
City	King of Prussia	State	PA	ZIP	19406	Country	USA

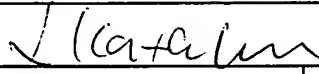
☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Prabhakar R.		Chitrapu		
Inventor's Signature		Date		
Residence: City	Blue Bell	State	PA	
		Country	USA	
Citizenship				USA
Mailing Address				135 Brochant Drive
Mailing Address				
City	Blue Bell	State	PA	
		ZIP	19422	
		Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Leonid		Kazakevich		
Inventor's Signature		Date		
		03.14.2004		
Residence: City	Plainview	State	NY	
		Country	USA	
Citizenship				USA
Mailing Address				95 Roundtree Drive
Mailing Address				
City	Plainview	State	NY	
		ZIP	11803	
		Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Teresa Joanne		Hunkeler		
Inventor's Signature		Date		
Residence: City	Montreal	State		
		Country	Canada	
Citizenship				Canada and Switzerland
Mailing Address				4243 Wilson Avenue
Mailing Address				
City	Montreal	State		
		ZIP	H4A 2V1	
		Country	Canada	

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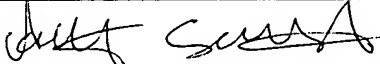
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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Arty		Chandra	
Inventor's Signature 		Date 3/19/04	
Residence: City	Hempstead	State	NY
Country	USA	Citizenship	India
Mailing Address 200 Hilton Avenue, Unit #4			
Mailing Address			
City	Hempstead	State	NY
ZIP	11550	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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